

Frequently Asked Questions

Question #1: Why has DMRS been unable to enroll more people in the Medicaid waiver?

Answer: In the last 15 months, DMRS enrolled 1,690 people. DMRS has a limited amount of money. DMRS gets its money for services from the state. DMRS has to closely watch the money being spent. Since most of the money is spent on services, the number of people who can be enrolled is limited. There is not enough money to provide services to everyone even when there is a great need for services. We have to provide services to people who have the greatest need.

Question #2: How does DMRS decide who has the greatest need for enrollment?

Answer: Each month the Regional Offices will make a list of those with the greatest need. The Regional Office will send the list to the Intake Committee for review. The Office of Consumer & Family Services may ask for more information. The list will be reviewed on a case by case basis. The Committee will look at the person's needs. These needs may be a place to live, a caregiver who can give services, and if the person is a danger to self or others. The Committee will then decide who and how many may be enrolled based on the availability of money.

Question #3: Who is on the DMRS Intake Committee?

Answer: Members of the Committee are:

- Deputy Commissioner, Chair
- Assistant Commissioner of Policy, Planning and Consumer Services
- Assistant Commissioner of Facility and Community Services
- Director of the Office of Consumer and Family Services
- Director of Support Coordination and Case Management
- Director of Protection from Harm
- Medical Director of the Clinical Unit
- Medical Director for Policy and Governmental Relations
- Legislative Liaison

Question #4: What makes a person qualify as being in greatest need?

Answer: Each person is different. The Regional Office and the Intake Committee looks at each person's needs. These needs may be a place to live, a caregiver who can give services, and if the person needs help to not be a danger to self or others.

Question #5: Can family members come to the Intake Committee meetings?

Answer: No. Family members can talk with the case manager if needed. The Office of Consumer and Family Services may ask for more information. The case manager or family may be asked for information.

Question #6: What can I do if I don't like the Intake Committee's decision?

Answer: You can ask the Deputy Commissioner to look again at the Committee's decision. This must be done in writing. You can add other information you want reviewed. Send it to the Office of Consumer and Family Services. You have 14 days working days to do this after you get the decision. Your needs will be looked at again. Another decision will be made in 14 working days.

Question #7: Does anyone get enrolled without being looked at by the Intake Committee?

Answer: Yes. These include:

- (1) People leaving developmental centers due to federal court order;
- (2) Young people in state custody who can no longer get services through the Department of Children's Services; and
- (3) People whose services have been paid for with state money. The state money can be used to get 2 to 1 matching money from the federal government. This will allow DMRS to help more people.

Question #8: When can DMRS enroll all people who meet the crisis guidelines?

Answer: We are not sure at this time. DMRS enrolls some people each month. More will be enrolled as money is available.

Question #9: When can DMRS enroll people on the Waiting List who are not in crisis?

Answer: DMRS is looking at ways to change the Medicaid waivers. This may allow DMRS to serve more people. DMRS is also looking at the best ways to spend its money. Families and others are helping with this.

Question #10: I may not be able to get services now. Why should I apply and get my name on the waiting list?

Answer: A person on the Waiting List can get help from a case manager. You may be able to get some services paid for by the state. These include Consumer Directed Supports and Family Supports. It will help DMRS to plan how to better meet people's needs.

Question #11: Who can tell me where a person is on the Waiting List?

Answer: The person should get a letter telling the place on the Waiting List. This will be after the first visit with the case manager. The letter will also tell which category the person is in. There are four categories. These are crisis, urgent, deferred, and active. If the person's needs change a lot, call the case manager. The case manager will find out if the person should be in a new category. If so, the person will get another letter. This letter will show the new place on the Waiting List and the group. If you have questions about the place on the Waiting List, call the DMRS Regional Office. Ask to speak to the person's case manager.

Question #12: When will the case manager contact me? How often?

Answer: The case manager will first call and set up a face to face meeting. This should occur within a week to a month. In this meeting, the case manager will tell you about how to get services. The case manager will ask questions about why services are wanted and needed. It is important for you to give this information. This will help the case manager know what services are needed and how soon. The case manager will tell you about services that you may be able to get. After meeting with the case manager, you will get a letter. The letter will tell the category that the person is in based on need for services. Each month the case manager should contact you by telephone or letter. The case manager will check to see if your needs have greatly changed. The case manager will also find out if any other help is needed. You can contact the case manager at any time to ask questions or to ask for help.

Question #13: How can a case manager help a person on the Waiting List?

Answer: A case manager will help you try to find other services. The case manager can put you in touch with other people or groups that may be able to help. These may include advocacy groups or other state and federal agencies.

Question #14: How can I contact the case manager?

Answer: You will be sent a letter that tells the name of the case manager. The letter will also tell how to contact the case manager. You will get a new letter if your case manager changes. If you need help with this, call the DMRS Regional Office. Ask to speak with the person in charge of case managers.

Question #15: What are the categories of need?

Answer: There are four categories of need. The differences are based on how soon services are needed. The four categories are:

- (1) Crisis: The person needs services as soon as possible. Some examples are listed. The person may be homeless now or will be homeless soon. The caregiver died and there is no one else to help the person. The caregiver has serious health problems and there is no one else to help the person. The person hurts himself or others and the caregiver can not stop it.
- (2) Urgent: The person may need services soon. Some examples are listed. The caregiver is aging or in poor health and there is no one else to help the person. The person is at high risk of abuse or neglect. The person is causing increased risk of harm to others or self. The home situation is not very stable. The Department of Children's Services will soon stop its services. The person will be discharged from a mental health hospital.
- (3) Active: The person wants services. The person not in the urgent or crisis category.
- (4) Deferred: The person's need for services is more than one year away.

Question #16: How can I learn more about services from DMRS?

Answer: You can call the DMRS Regional Office. DMRS also has an easy to use website. The address is www.state.tn.us/dmrs. This website has a lot of information. It has the new Consumer and Family Handbook. It also has other information.

Question #17: What is a PAE?

Answer: The PreAdmission Evaluation form is known as the PAE. A PAE is a TennCare application form. It is used if a person wants to apply for the Medicaid waiver.

Question #18: Do people on the Waiting List need to complete a PAE?

Answer: A PAE can be completed and sent in at any time. A recent exam by a doctor must be sent with the PAE. A psychological evaluation must also be sent with the PAE. An approved PAE does not mean that you will be able to get services at once. Services must also be approved by DMRS. The PAE can be updated if you do not get services in 90 days. It may be updated by your doctor for up to a year. After a year, a new PAE must be completed. It is best to send in the PAE close to the time when you will be enrolled in the Medicaid waiver.